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## FAX TRANSMISSION

DATE:

March 29, 2006

PTO IDENTIFIER:

**Application Number** 

10/570909

**Patent Number** 

Inventor:

Carsten Hopf

**MESSAGE TO:** 

US Patent and Trademark Office - MS PCT

FAX NUMBER:

(571) 273-8300

FROM:

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Attorney Dkt. #:

14129-00001-US

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Docket No.: 14129-00001-US

(PATENT)

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Carsten Hopf

Application No.:10/570,909

Confirmation No.: N/A

Filed: March 3, 2006

Art Unit: N/A

For: TREATMENT OF NEURODEGENERATIVE

DISEASES

Examiner: Not Yet Assigned

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### TRANSMITTAL FOR DECLARATION FOR PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant transmits herewith the executed Declaration For Patent Application in the above-captioned application. Applicant has not received a Notification Of Missing Requirements.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 14129-00001-US.

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Respectfully submitted,

By\_

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